

# Effective support for serving personnel

**Colonel Alan Finnegan and Professor Mike Thomas from the Centre for Veteran Wellbeing at the University of Chester discuss the importance of effective mental health support for British Armed Forces personnel and veterans...**

The British Armed Forces aim to provide a capable workforce, able to undertake military duties without mental health (MH) problems. This is achieved by maximising the psychological support afforded to soldiers by providing immediate and effective MH care wherever they are serving. The most common MH disorders affecting UK Armed Forces are depression, alcohol misuse and anxiety<sup>(1, 2)</sup>.

Military Mental Health (MMH) provides an occupational MH service that makes recommendations regarding a service person's suitability for service. In a peacetime setting, this is delivered through a clearly defined integrated care pathway between Primary Health Care, military Departments of Community Mental Health (DCMHs) and Secondary Health Care. DCMHs consist of multi-disciplinary clinical staff, providing service personnel with a medium for sharing problems, whilst utilising recognised treatments such as Cognitive Behavioural Therapy (CBT) including Eye Movement Desensitisation and Reprocessing. Hospital care is provided within the NHS through a defined contract. Performance indicators and military satisfaction surveys indicate that the British Armed Forces MH service is of a very high standard<sup>3</sup>.

## Operational Mental Health

The majority of troops reach the battlefield with high levels of physical and mental strength, with well motivated British troops reporting many benefits of military life and serving on deployments<sup>(4, 5)</sup>. However, soldiers have to constantly face advancements in military technology, including potentially witnessing the deaths of friends, colleagues and the local population.

During operational deployments, the objective is to maximise the numbers of fighting troops within the

combat environment to ensure that a soldier maintains their military identity. This can provide self-confidence, more self-belief and result in improved functioning<sup>6</sup>. Psychological support is provided by MMH nurses, who work independently as autonomous practitioners and function within whatever austere environment the troops, are deployed. They face the same operational stressors experienced by front line soldiers including personal threat, extensive working patterns and facing temperature extremes. The role is underpinned by experience and appropriate educational, clinical and military preparation.

Clinical interventions focus on risk assessment, risk management and patient maintenance. There is an extensive MH liaison and psycho-educational remit, and proactive MH policies extend into the operational theatre, where peer support programmes such as Traumatic Risk Management<sup>7</sup> is available. Reducing work stress and providing health and nutrition advice can also help, whilst on operations the problems associated with alcohol are negated as none is available. Service personnel requiring psychotherapeutic interventions should be evacuated back to their home base, and structures exist to support service-personnel to reintegrate on return from their tour.

## Emerging Interventions

Particularly during a period of stress, families and friends may provide care and assistance but this is not available on operations and other support mechanisms must be established. For clinical personnel, there are stressors relating to treating high incidences of severe poly-trauma casualties, a vicarious trauma which has a direct bearing on the mental well-being of deployed personnel. To address this, the services continue to explore new, safe interventions that can improve the

wellbeing of troops. During 2014, Major Tristan Griffin undertook Mindfulness to support clinical staff at Camp Bastion Hospital, and this was reported as beneficial. The project is short listed for the Nursing Standard Defence Nurse of the Year Award 2014.

Other initiatives to provide further MH support to service personnel and veterans include a collaborative education and employment scheme from the Centre for Veterans Wellbeing at the University of Chester that includes staff from the University of Salford. This involves psychological support, cross mapping military experiences to a recognised civilian educational profile, and integration into employment. Another innovative project is the Defence Archaeology Group and Operation Nightingale, which utilises both the technical and social aspects of field archaeology in the recovery and skill development of service-personnel injured in conflict. Both of these interventions will be subject to empirical research studies.

Other interventions include the use of Accelerated Resolution Therapy (ART)<sup>8</sup>. This aims to provide a rapid recovery from depression and post traumatic stress disorder and has proved successful with military Veterans in the USA; resulting in a UK pilot study in Scotland. The effect of this model and all emerging interventions are carefully scrutinised to identify if they can benefit service personnel within the British Armed Forces.

If soldiers are provided with these appropriate interventions, within an environment that values leadership and that tackles stigma, then stress and MH issues related to the battlefield can continue to be effectively managed. ■

Both authors are Directors at the Centre for Veteran Wellbeing at the University of Chester.

#### References

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**Colonel Alan Finnegan L/QARANC PhD MSc BN Dip (HE) Dip (N) RGN RMN CPN (Cert) PGCE**  
**Defence Professor of Nursing, Academic Department for Defence Nursing**  
 Royal Centre for Defence Medicine Birmingham

**Professor Mike Thomas PhD, MA Law, BNur, RMN, RNT, CertEd**  
**Pro-Vice Chancellor (Academic) and Executive Dean of Faculty of Health and Social Care**  
 University of Chester